

APPLICATION INFORMATION

Application number:: New
Filing Date:: Filed herewith
Application Type:: Regular
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CR disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: ANTIMICROBIAL MOLECULE
Attorney Docket Number:: 6013-106US MG/dp
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 8
Total Drawing Sheets:: 8
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Richard
Middle name::
Family name:: BÉLANGER
Name Suffix::
City of Residence:: Cap-Rouge
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 1073 De Painpont
City:: Cap-Rouge
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1Y 1B6

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Yali
Middle name::
Family name:: CHENG
Name Suffix::
City of Residence:: Sainte-Foy
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 2456 chemin des Quatre-Bourgeois, apt. 8
City:: Sainte-Foy
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1V 1W6

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Caroline
Middle name::
Family name:: LABBÉ
Name Suffix::
City of Residence:: Lévis
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 312 Laure Conen
City:: Lévis
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G7A 3L1

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: David
Middle name::
Family name:: McNALLY
Name Suffix::
City of Residence:: Carlsbad Springs
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street:: 5455, 9e ligne

City:: Carlsbad Springs
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: K0A 1K0

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
60/395,997 Provisional 07/16/2002

FOREIGN PRIORITY INFORMATION

Country:: Application Number:: Filing Date::

ASSIGNEE INFORMATION

Assignee name:: UNIVERSITE LAVAL
Street:: Cité Universitaire
City:: Québec
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1K 7P4